



# NEW ORLEANS STEAMBOAT COMPANY

## APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

### PERSONAL INFORMATION

	Date	Social Security Number	
Name			
<small>Last</small>	<small>First</small>	<small>Middle</small>	
Present Address			
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
Permanent Address			
<small>Street</small>	<small>City</small>	<small>State</small>	<small>Zip</small>
Phone No.			
Referred By		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Last

First

Middle

### EMPLOYMENT DESIRED

Position	Date You Can Start	Salary Desired	
Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No		If So May We Inquire of Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever Applied to this Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Where?	When?

### EDUCATION

Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
Grammar School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### GENERAL

Subjects of Special Study or Research Work

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Job Related Skills (typing, driver's license, etc.)

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Activities Other Than Religious (Civic, Athletic, etc.)

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EXCLUDE ORGANIZATION, THE NAME OR CHARACTER OF WHICH INDICATED THE RACE, SEX, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS.

**FORMER EMPLOYERS**

List below your last four employers, starting with the last one first.

Date Month and Year	Name and Address of Employer	Salary (upon leaving)	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

**REFERENCES**

List below three persons not related to you, whom you have known at least one year.

Name	Address	Position	Years Acquainted
1			
2			
3			

**AUTHORIZATION**

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without cause and without any previous notice.

Date \_\_\_\_\_ Signature \_\_\_\_\_

In Case of  
Emergency Notify \_\_\_\_\_  
Name

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY**

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

**REMARKS:**

INS Form I-9 completed?  Yes  No

Hired	For Dept.	Position	Will Report	Salary Wages
Approved: 1.		2.		3.
Employment Manager		Dept. Head	General Manager	

NEW ORLEANS POLICE DEPARTMENT  
RECORDS AND ID DIVISION  
715 S. BROAD STREET  
NEW ORLEANS, LOUISIANA 70119

The applicant listed below has applied to this company for consideration of a service provided by the company. As part of our policy, we are requesting a check of your arrest records to determine if the applicant has ever been convicted of any State or Municipal Violations in your jurisdiction.

The applicant has been made aware of our policy and by his signature, is personally agreeable to release the requested information. All information will be held in strict confidence between the company and the applicant. A self-addressed stamped envelope is enclosed for return mailing.

COMPANY NAME: New Orleans Steamboat Company  
ADDRESS: #2 Canal Street, Suite 2500  
CITY/STATE: New Orleans, Louisiana 70130

\_\_\_\_\_  
(Signature of company official)

APPLICATION INFORMATION: (Please print all information except signature)

Name \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ State of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

\_\_\_\_\_  
(Applicant's Signature)

By this signature, I authorize the release of my arrest record and waive such legal rights that may arise out of the release and I do release all persons from liability in connection with the release of this information.

POLICY PERMITS THE RELEASE OF ONLY THOSE CHARGES THAT HAVE RESULTED IN A CONVICTION. THE RESULTS OF THIS CHECK WERE COMPILED FROM INFORMATION OBTAINED IN OUR JURISDICTION.

Date	Offense	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____

IMPORTANT: The department of police cannot make an accurate identification based upon the name and date of birth only. Any information contained on any name check is subject to verification between the requesting party and the applicant. The New Orleans Police Department assumes no responsibility for any action resulting from the information furnished.